

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038587

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

333  
FILED SEP 27 1963

3074

224

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SIKESTON</b>		c. CITY OR TOWN <b>SIKESTON</b>	
Length of stay in lb <b>10 days</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MO. DELTA COMMUNITY HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>304 Helen</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>MICHAEL PATRICK MEAGHER</b>		4. DATE OF DEATH Month <b>9</b> Day <b>19</b> Year <b>63</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-17-1894</b>
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Shoes</b>	
11. BIRTHPLACE (City and state or country) <b>Stillwater, Minnesota</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Michael Meagher (d)</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Bowe (d)</b>	
14. NAME OF HUSBAND OR WIFE <b>Irma Doerr Meagher</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>5</b>	
17. INFORMANT <b>Mrs. Irma D. Meagher, Sikeston, Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Lobar pneumonia</b> DUE TO (b) <b>Subdiaphragmatic Abscess</b> DUE TO (c) <b>Perforation gastroenterostomy + duodenal stump</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>14 days</b> <b>5-6 days</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cardiac arrhythmia (fibrillation, flutter). Diabetic Mellitus</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9:05 A.</b> Month, Day, Year <b>9-9-63</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Sikeston, Missouri</b>		
21. I attended the deceased from <b>9-9-63</b> to <b>9-19-63</b> and last saw him alive on <b>9-19-63</b>		Death occurred at <b>9:05 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Wilson J. Ferguson, M.D.</b> (Degree or title)		22b. ADDRESS <b>1012 N. Main, Sikeston, Mo.</b>	
22c. DATE SIGNED <b>9/20/63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-21-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Garden Of Memories</b>	
23d. LOCATION (City, town, or county) <b>Sikeston, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Nunnelee Funeral Chapel, Sikeston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Sept 24/63</b>	
26. REGISTRAR'S SIGNATURE <b>Jeanette Waldman</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 1 1963

OCT 23 1963

OCT 2 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward E. Mueller

Licensed Embalmer No. 4164

P. O. Address Sibleston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit received Sept 20, 1963